

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Mary Daniel		Date of Receipt MM / DD / YYYY 05 / 03 / 2014	
Mailing Address 22118 S Hwy 213 City State Zip Code Oregon City, OR 97045		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Daniel Business Group Inc		Occupation Consultant	
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Kevin Gibbons		Date of Receipt MM / DD / YYYY 05 / 03 / 2014	
Mailing Address 7923 East Quaker Road City State Zip Code Orchard Park, NY 14127		Amount of Each Receipt this Period 1,000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer University of Buffalo Neurosurgery		Occupation Neurosurgeon	
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1,000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Deborah Henry		Date of Receipt MM / DD / YYYY 05 / 03 / 2014	
Mailing Address 11 Balboa Coves City State Zip Code Newport Beach, CA 92663		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coastline Community College District		Occupation Physician/Professor	
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional) .....		1,350.00	
TOTAL This Period (last page this line number only) .....			